## MESA GRANDE BAND OF MISSION INDIANS HOMEOWNER ASSISTANCE PROGRAM APPLICATION

Tribal member name		_	Enrollment number
Address			
Phone number	email		
How do you prefer to be contacted: mail	phone email		_
Do you pay a mortgage on your home?	YES NO		
Is your household income below \$76,000?		YES	NO
		You may st	till be eligible depending on where you live
and how many people are in your househo	old.		
Are you behind in your mortgage or utility p	ayments?	YES	NO
Does one or more member of your housel	nold qualify for	unemployr	ment benefits? YES NO
If yes, please complete			
I	_ am eligib	le for unem	ployment benefits.
Name			
	Signature		
I confirm that:			
Tribal Member Name	commin that		
Due to COVID, I/we experienced a reduction in household income; or incurred significant costs; or			
experienced other financial hardship due directly or indirectly to the COVID outbreak.			
	G:		
Signature			
Is any member of your household receiving any other rent assistance from another Tribe or state or federal agency? YES NO			
I contifue that the angular information and documentation I have a second to the secon			
I certify that the answers, information and documentation I have provided in regards to this request for			
assistance are correct and complete. I understand that the information and documentation I provide to the Tribe, including my income and personal information will be retained for a minimum of 5 years and may be			
part of a review or audit. I authorize the Mesa Grande Band of Mission Indians to speak with my loan company			
in matters related to presenting an assistance payment of my mortgage in arrears. I understand that the			
Tribe may provide a one-time payment on my behalf without intent or obligation to change or resolve any matters			
regarding my loan agreement. I understand my loan company may receive a 1099 for the			
mortgage paid to them.		-,, 1000.	

Signature

## MESA GRANDE BAND OF MISSION INDIANS HOMEOWNER ASSISTANCE PROGRAM VERIFICATION & DOCUMENT REQUEST LIST

Please provide at least one for a member of your household as evidence of housing instability or risk of homelessness: Foreclosure notice Past due utility bill Delinquency notice Evidence of unsafe or unhealthy living conditions Other statement of risk of housing instability Provide, notice of unemployment eligibility (if applicable) **Proof of Household Income** How many people live in your home? Initial Provide a copy of your loan My/our total Household Income is \_\_\_\_\_per month/year Initial Please provide the following documents that apply to your household income: 2020 Adjusted Gross Income from Income Tax Return; or 2020 W-2; or One month of recent check stubs or a financial verification letter from: **Employer** Indian Health **TANF** Social Security If your application is approved, the mortgage assistance will be paid directly to your loan company. Please provide the following for payment processing on your behalf: Physical Address of your home including any space or unit number: Loan Company Name: Company Address: Customer File Number/Mortgage Number: Company contact: Company phone number and/or email: Company Tax Identification Number or Social security number, or DUNS number